Title:	Financial Eligibility Office-Financial Assistance Policy				
Version:	11	**Approved:**	Marie Castro (CFO Vice President)	**Date:**	11/06/2026

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Printed documents may not represent the current approved version.

I. Financial Assistance Plain Language Summary

Midland Memorial Hospital (MMH) provides free or discounted healthcare services to individuals with a demonstrated inability to pay. These services will be provided in MMH's facilities and will be consistent with accepted medical standards in the community. MMH notifies patients of the contents of this policy through posted signage throughout the facility and on MMH's website, referrals to the Financial Eligibility Office prior to service, and communications on patient's statements. Hard copies of the policy are available upon request.

Assistance Offered:

You are eligible for Charity Care at MMH if you have a family income at or below 200% of the Federal Poverty Income Limits (FPIL), you are uninsured or underinsured, and you submit a Financial Assistance Application (FAA). If you do not submit an FAA, MMH may verify your family income electronically through third-party vendors. Depending on your family income level under the FPIL, you may receive up to a 100% Charity Care discount for covered services.

Even if you do not meet the income requirement to qualify for Charity Care, you may still qualify for assistance through the Self-Pay Discount, Catastrophic Medical Discount, and Presumptive Charity provisions of MMH's policy. Note that MMH will calculate the financial assistance adjustment using your current patient account balance.

Charges for Emergency or Medically Necessary Services:

MMH will not charge you more for emergency or medically necessary care than amounts generally billed (AGB) to insured patients for the same care. MMH determines AGB through a look-back method that compares amounts paid by insured patients and their insurers over the past year.

How to Apply:

You can request free copies of MMH's Financial Assistance Policy or Financial Assistance Application and receive assistance completing the Application through the following. Available translations for LEP Populations for our MMH Financial Assistance Policy and Financial Assistance Application are also available through the following. Note that general billing questions can be handled at (432) 221-1522.

Phone	(432) 221-5255
Email	customerservice@midlandhealth.org
Online	www.midlandhealth.org
Mail/In-Person	Midland Memorial Hospital Financial Eligibility Office 4214 Andrews Highway Suite 210, Midland TX 79703

You can request financial assistance at any time during the collection process by calling (432) 221-5255. Please refer to MMH's Billing and Collections Policy for information about the collections process and collections activities in which MMH may engage. You can obtain free copies of MMH's Billing and Collections Policy on MMH's website or from the Patient Accounts Office located at 4214 Andrews Highway, Suite 210 or by calling (432) 221-1522.

II. Financial Assistance Policy

Purpose. This policy is a guideline for determining an applicant's eligibility to receive financial assistance from MMH. MMH provides free or discounted healthcare services to individuals with a demonstrated inability to pay. These services will be provided in MMH's facilities and will be consistent with accepted medical standards in the community

A. Communication of this Policy to Patients

MMH notifies patients of this policy through various means, including notices on patient bills and admission forms, as well as signs posted throughout patient financial offices and the emergency, admitting, and registration departments. MMH shall also publish and widely publicize this policy on its website and in brochures available at patient access sites. Any member of MMH staff or medical staff may refer patients to the Financial Eligibility Office and this policy. Patients may request information about this policy at any time before, during, or after services are rendered.

B. Amounts Generally Billed

In compliance with Section 501(r) of the Internal Revenue Code, MMH will limit amounts charged for emergency and medically necessary care to patients eligible for financial assistance under this policy to no more than the amounts generally billed ("AGB") to insured patients.

MMH calculates AGB percentages using the "Look-Back" method. MMH adds up all claims paid to MMH in a 12 month period by Medicare fee-for-service and insurance companies. We divide that amount by the full total charges for those claims. The resulting percentage is the AGB. MMH re-calculates the percentage each year. For fiscal year 2027, the AGB percentage for MMH is 25%.

Because the AGB percentage for MMH is 25%, and because the minimum amount of assistance available under this policy is a 75% discount on gross charges, no patient eligible for financial assistance under this policy will be required to pay an amount in excess of AGB.

C. Charity Care

Overview. "Charity Care" is defined as free or discounted healthcare services for patients with an income demonstrated or presumed at or below 200% of the Federal Poverty Income Limits (FPIL). To determine eligibility for Charity Care, patients should complete and submit a Financial Assistance Application. Applicants may request Charity Care for payment of hospital bills or prescriptions at any time by visiting the Financial Eligibility Office. Failure to submit an application for Charity Care will not preclude eligibility determined electronically, based on participation in a public benefit program, or through application of certain presumptive factors. Patients not eligible for Charity Care may still be eligible to receive discounted care through the Self-Pay Discount and Catastrophic Medical Discount provisions of this policy. MMH calculates the financial assistance adjustment using the eligible patient account's current balance.

Eligibility Requirements. The Financial Assistance Application screens applicants for eligibility to receive Charity Care under this policy. To receive Charity Care at MMH, an applicant's household income must be at or below 200% of the FPIL, unless the applicant meets one of the presumptive eligibility criteria described below. Approved patients with an FPIL of 0% to 150% receive a 100% write-off of their patient's account balance. Approved patients with an FPIL of 151% to 200% will receive an 85% write-off of their patient account balance. Charity Care may be granted for (1) the entirety of an uninsured patient's account balance, (2) for an

insured patient's deductible or co-pay amount that the patient does not have the resources to pay, or (3) for stays exceeding the spell-of-illness/length-of-stay term covered by Medicaid. Please refer to Section III (Application Processing) for more information about these FPIL thresholds, how MMH calculates and verifies patient incomes, and eligibility determinations.

MMH may use other methods to determine eligibility for Charity Care for patients who have not completed a Financial Assistance Application. These methods of determining eligibility include:

Electronic Charity. In the event MMH lacks evidence to support a patient's eligibility for Charity Care, whether due to absence of an application, supporting documentation, or other information, MMH may use publicly available data and/or outside agencies to electronically estimate an applicant's income in order to determine charity eligibility and potential discount amounts. Patients who MMH determines are eligible for Electronic Care under this provision may receive a write-off of their account balance of up to 100%, in accordance with this Policy's FPIL thresholds.

Presumptive Charity. MMH may presume that some patients are eligible to receive a Charity Care write-off based on certain life circumstances. Due to the inherent nature of these presumptive circumstances, the only discount that can be granted is a 100% write-off of the account balance. Qualifying circumstances include, but are not limited to:

- Homeless or received care from a homeless clinic;
- Submission of low-income/subsidized housing as a valid address;
- Mental incapacitation with no one to act on the patient's behalf;
- Declared or confirmed bankruptcy within the preceding 12 months;
- Receipt of grant assistance for medical services;
- Patient is deceased with no known estate;
- Uninsured account returned from collection agency as uncollectable;
- Hospital services provided with no history of payments;
- Patient's address is no longer valid; and
- Other factors that are useful in determining expectation of payment.

In addition, MMH may consider a patient eligible for a 100% presumptive Charity Care discount upon proof of the patient's participation in certain means-tested public benefit programs. Eligible programs include but are not limited to:

- Supplemental Nutrition Assistance Program (SNAP);
- Medicaid beneficiaries whose coverage is denied for exceeding length-of-stay limits, non-covered services, or out-of-states services;
- Children's Health Insurance Program (CHIP);
- Temporary Assistance for Needy Families (TANF);
- Unemployment insurance;
- Food stamp eligibility;
- School lunch programs;
- Participation in County Indigent Health Care program;
- Women, Infants and Children program (WIC); and
- Other state or local assistance programs (e.g., Medicaid spend-down).

MMH may also use third-party verification of a patient's participation in a public benefit program if the patient is unable to provide that documentation.

D. Other Methods of Financial Assistance

Catastrophic Medical Indigence. MMH offers a Catastrophic Medical Discount (CMD) to patients who are covered by medical insurance, have a household yearly income equal to or below 400% of the FPIL, whose cost shares exceed 10% of their household yearly income, and do not have the resources to pay the remaining bill. The CMD is equal to 50% of an eligible patient's account balance. For more information on how to apply for the CMD and how MMH calculates household yearly income, please refer to Section III (Application Processing).

Uninsured (Self-Pay) Discount. MMH provides a 75% discount to uninsured patients who do not otherwise qualify for third-party coverage of or government assistance for their healthcare bills and who do not qualify for Charity Care or CMD under this policy. The uninsured discount only applies to emergency or medically necessary services; MMH will not apply to uninsured discount to cosmetic procedures.

Definition of Uninsured. Uninsured patients include patients who do not qualify for Charity Care or CMD under this policy, whose hospital services are not covered by a third-party payer, and whose injuries are not compensable for purposes of workers' compensation, automobile insurance, or other form of third-party liability. Uninsured patients also include patients with an insurance carrier that does not have a contractual relationship with MMH and Medicaid-eligible patients whose services are not covered by Medicaid.

Exclusions. The uninsured discount will not apply to cosmetic service or accounts already receiving a discount, e.g., Industrial Accounts.

Identification of Uninsured Patients. MMH will first screen uninsured patients to determine whether they are eligible for Medicare, Medicaid, or other third-party coverage or whether they are eligible for Charity Care under this policy. MMH reserves the right to verify information provided by the uninsured patient through third-party agencies. Uninsured patients who are not eligible for third-party coverage or Charity Care will receive the Uninsured Discount.

Documentation of Eligibility Determination. MMH will document uninsured discount eligibility determinations in the comments section of the patient's account. Eligible accounts will be assigned to the Self-Pay Insurance Plan using transaction code 7206 to reflect "Self-Pay Discount."

E. Covered Services

Hospital Services. Midland County residents eligible under this policy will receive financial assistance for emergency and medically necessary inpatient, outpatient, and emergency services at MMH. Approved applicants who reside outside of Midland County will receive financial assistance for emergency services only. Limitations and exclusions to this policy that eliminate coverage for specific treatments and procedures can be found in the Appendix.

Pharmacy Services. Uninsured Midland County applicants eligible for Charity Care as defined in Section II.C of this policy may receive prescriptions with increasing co-pays based on this policy's income and resource guidelines with the following stipulations and limitations:

- Co-pays will begin at $5.00 per prescription up to $15.00 per prescription.
- Applicants are limited to five active prescriptions per month. Each prescription may not exceed a thirty-day supply.
- The financial assistance program will not subsidize other prescription programs, including the Medicare Discount Prescription Program.

- In all cases possible, generic prescriptions or lowest costing alternative medicines shall be issued.
- Authorized prescriptions are restricted to those listed in the approved formulary, which may be furnished to patients upon request.
- This policy does not cover over-the-counter medications.
- A medication not found on the financial assistance formulary may temporarily be covered with prior approval until the patient becomes eligible under the drug manufacturer's indigent care drug coverage program.

Physician Billing. Physician practices at MMH will provide discount percentages in the same amount as approved by this policy. It is the patient's responsibility to notify the Physician Billing Office of the approval for the adjustment to be applied to the patient's account. Patients can contact the Physician Billing Office at (432) 221-2455.

Other Healthcare Providers. This program serves MMH patients only and does not cover services furnished by other providers.

F. Appeals

If MMH denies financial assistance due to a finding that the applicant's income exceeds this policy's guidelines, the applicant has the right to appeal that finding with the Financial Eligibility Office. Notice of appeal must be submitted to the Financial Eligibility Office in writing within thirty (30) days of the applicant's ineligibility determination date. The Financial Eligibility Office must respond to such notice with fifteen (15) days of receipt. Appealing applicants must provide regular monthly receipts to the Financial Eligibility Office staff. Expenses incurred, such as credit card receipts (unless it can be proven that the debt was incurred from medical charges), will not be included.

G. No Effect on Other MMH Policies

This policy shall not alter or modify other MMH policies regarding efforts to obtain payments from third-party payers, patient transfers, or emergency care.

H. Third-Party Payers

MMH shall be the payer of last resort on patient accounts. All commercial and/or private insurance, federal, state, or other governmental programs for hospital care or assistance will be required to adjudicate claims for covered dates of service prior to Charity Care write-offs or application of discounts.

I. Subrogation

The filing of an application or receipt of services constitutes an assignment of the applicant's or recipient's right to recovery from:

- Personal Injury insurance;
- Another person for personal injury caused by the other person's negligence or wrong-doing;
- Other settlement or litigation source.

MMH reserves the right to be reimbursed any cost of services.

J. Actions in the Event of Non-Payment

MMH reserves the right to take certain actions in the event of non-payment of a patient account balance that remains the patient's liability after application of this policy and/or application of any third-party payments. These actions are outlined in MMH's Billing and Collections Policy. The Billing and Collections Policy is freely available to the public through MMH's website. Hard copies of the Billing and Collections Policy may be obtained for free through the Patient Accounts Office, located at 4214 Andrews Highway Suite 210 or by calling (432) 221-1522.

K. Contact

You can request free copies of MMH's Financial Assistance Policy or Financial Assistance Application and receive assistance completing the Application through the following means or locations. Note that general billing questions can be handled at (432) 221-1522.

Phone	(432) 221-5255
Email	customerservice@midlandhealth.org
Online	www.midlandhealth.org
Mail/In-Person	Midland Memorial Hospital Financial Eligibility Office 4214 Andrews Highway Suite 210, Midland TX 79703

III. Application Processing

To determine eligibility for Charity Care or the CMD, patients should complete and submit a Financial Assistance Application. The Application allows for the collection of information in accordance with state law and the income and documentation requirements set forth below. Applicants may request assistance for payment of hospital bills or prescriptions at any time by visiting the Financial Eligibility Office.

A. Determining Eligibility

MMH will grant Charity Care to an applicant whose annual household income is at or below 200% of the FPIL or if the applicant meets one of the presumptive eligibility criteria described in Section II.C of this policy. Applicants whose incomes are at or below 400% of the FPIL may qualify for the CMD, as defined in Section II.D. MMH verifies the number of members in the applicant's household and the applicant's annual income through the following methods:

Calculation and Verification of Household Members. For purposes of this policy, a household unit consists of all legal dependents of the head of household. Household members may be identified through:

- For head of household and spouse, if applicable, photo ID
- For minor children, birth certificates (copies accepted);
- Social Security cards for everyone in household.

For purposes of this policy, a one-person household is defined as:

- An adult living with others who are not legally responsible for supporting each other.
- An adult living alone.
- A minor child living alone or with others who are not legally responsible for the child.

Income Calculation and Verification. For purposes of this policy, "yearly income" means the sum of the total gross income of the household for the 12-month period prior to application submission. Applicants may report zero or no income if no income is received for 90 days or more. If income is received within 90 days of applying, MMH will use the applicant's most recent household income to calculate an annual income. MMH may verify an applicant's yearly income through any or all of the following means:

- Income Indicators, including but not limited to:
    - Current check stubs (preferred);
    - Prior year's income tax return;
    - Unemployment Income;
    - Retirement Income;
    - Workers Compensation Income;
    - Social Security Benefits;
    - Proof of Child Support;
    - Alimony;
    - Income Producing Property, Royalties, other Investment Income;
    - A current bank statement for all accounts opened or closed within the last 90 days.
    - Proof that the applicant participates in a public benefit program such as Medicaid, AFDC, Food Stamps, WIC, or another similar indigency program.
- For self-employed applicants:
    - The prior year's tax return, or, if not possible, the Self-Employment Form provided by the Financial Eligibility Office.
- For applicants reporting no/zero income:

- Notarized in-kind letters;
- Proof of receiving Food Stamps/TANF;
- Proof of application for SSI benefits;
- If eligible to work, proof of registration with the Texas Workforce Commission;
- If recently unemployed, an Employment Verification Form completed by the last employer indicating the last date of payment.

Supporting documentation must be received within 30 days of application submission or the application will be denied. MMH may still consider applications denied under this provision for Electronic Charity or Presumptive Charity, as defined in Section II.C.

Documentation Unavailable. In cases where the patient is unable to provide documentation verifying yearly income or verifying household members, MMH may instead obtain verification through:

- The patient's written attestation, or
- The patient's verbal attestation and the written attestation of hospital personnel.

Application for Third-Party Coverage. Applicants will be required to apply for any/all state or federal programs for which they may be qualified. If an applicant fails to do this, assistance will be denied, and the applicant may not reapply for assistance for a period of 6 months.

Expired Patients. MMH may deem expired patients as having no yearly income. MMH must assure there are insufficient assets to settle the estate before automatically qualifying the expired patient for financial assistance.

Classification Pending Eligibility Determination. MMH may consider a request for financial assistance at any time before, during, or after the dates of service. During the verification process, MMH may treat the applicant as a private pay patient in accordance with MMH's policies.

B. Other Application Requirements and Procedures

Release of Information Authorization. Applicants must sign a "Release of Information" form during the application process. The signature gives the Financial Eligibility Office authorization to verify information pertaining to the financial assistance application.

Spousal Signature. If an applicant is legally married or married by common law, both parties will be required to sign the application if the spouse shares the same household.

Provision of False Information. Applicants who give false information or misrepresent facts in order to become or remain eligible for assistance will be denied. Applicants may not reapply for the program for a period of twelve (12) months following denial for providing false information.

Waiver. If at any time, during the application process, it becomes necessary to deviate from the guidelines set forth herein, the Chief Executive Officer or the Chief Financial Officer may waive or make exceptions to the guidelines governing this policy.

Approval Procedures. MMH will complete a Financial Assistance Approval Worksheet for each discount granted. The Financial Assistance Approval Worksheet allows for the documentation of the administrative review and approval process utilized by MMH to grant financial assistance.

Updating Application Information. Applications must be updated every ninety (90) days in order to continue to receive financial assistance. Applicants who list zero ($0) income must update their applications every 30 days along with supporting documents showing how their living expenses are being paid. If an applicant is over

65 years of age and is not receiving Social Security Benefits, and has zero ($0) income, the applicant will be required to meet the same requirement.

An applicant who is applying for assistance and is receiving Social Security Benefits will not be required to update the financial assistance application every ninety (90) days. These applicants can renew their applications once their Social Security Benefits have changed, in January of each year.

IV. Appendix

A. Service Exclusions

MMH will only assume responsibility for the costs of medical services rendered to underinsured and uninsured applicants, as defined in this policy, for services performed at MMH's facility. The following list of exclusions and limited services should not be construed as an all-inclusive list of non-covered services under this policy. Items not specifically listed may be approved, denied, or limited by the Chief Executive Officer and/or the Chief Financial Officer.

General Exclusions. The following services and supplies are excluded:

- Not specifically provided by Midland Memorial Hospital or an approved provider;
- Not medically necessary;
- Provided to a patient before or after the dates the patient is eligible for the program;
- Provided outside the United States;
- Not claimed (billed) by the provider within 90 days from the date of service or 90 days from the date of eligibility, if the patient was eligible in one or more of the three months before the application month;
- Provided by a patient's immediate relative or household member;
- Payable by or available under any health, accident or other insurance coverage, by any private or other governmental benefit system, by any legally liable third party or under other contract;
- Provided by military medical facilities, or Veterans Administration facilities, or United States public health service hospitals;
- Related to any condition covered under the worker's compensation laws;
- Services and supplies to any individual who is a resident or inmate in a public institution;
- Services provided by ineligible, suspended, or excluded providers.

Specific Exclusions. The following specific services or supplies are excluded:

- Separate payments for services and supplies to an institution that receives a vendor payment or has a reimbursement formula that includes the services and supplies as part of institutional care;
- Separate fees for completing or filing a claim under the program;
- Service or supplies provided in connection with cosmetic surgery except as required for the prompt repair of accidental injury;
- Intestinal bypass surgery, lap band or gastric sleeve procedures for treatment of obesity;
- Payment of eyeglass materials, supplies or exams;
- Hearing aids and services related;
- Ambulatory aids or other durable medical equipment except by administrative authorization;
- Social and/or educational counseling except for diabetic teaching/counseling, Cardiac, Pulmonary and Outpatient Rehabilitation services provided at Midland Memorial Hospital;
- Custodial care;

- Autopsies;
- Services or supplies not reasonable and necessary for diagnosis or treatment;
- Elective abortion;
- Dentures;
- Treatment of flatfoot conditions, routine foot care and hygiene, including cutting or removal of corns, warts, calluses and nail trimming;
- Chiropractic treatment;
- Procedures or services that are considered experimental or investigative;
- Biofeedback therapy;
- Bladder Stimulators;
- Chemonucleolysis for intervertebral disc;
- Dermabrasion;
- Hair analysis;
- Hyperthermia;
- Infertility testing for surgery;
- Intravenous embolization-cerebral, maxillary and renal;
- Joint sclerotherapy;
- Keratoprosthesis/refractive keratoplasty;
- Mammoplasty or breast reconstruction;
- Obsolete diagnostic tests;
- Organ transplantation;
- Household use of oxygen and oxygen-related equipment;
- Penile prosthesis;
- Sex change operation;
- Sterilization reversal;
- Tattoo removal;
- Thermogram.

Limited Services.

- Plasmapheresis unless considered experimental or investigative;
- Immunotherapy for malignant disease unless considered experimental or investigative;
- Routine circumcisions of patients one year of age or older.

References: Patient Accounts-Forms, Financial Assistance Approval Letter
Financial Eligibility Office-Forms, Financial Assistance Application
Financial Assistance-Formulary

Revision number	Date	Description of Document or Document Change
11	11/06/2026	New Version - updated FY from 2026 to 2027 in Amounts Generally billed section